

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-022685

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. **317**

Primary Registration District No. **500**

Registrar's No. **1802**

FILED JUN 11 1963

1. PLACE OF DEATH a. COUNTY: St. Louis		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE: Missouri b. COUNTY: St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Winchester		c. CITY OR TOWN: Rock Hill	
Length of stay in: 1b 2 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Manchester Nursing Home		d. STREET ADDRESS (If outside, give location) 1509 Salem Hill Drive	
3. NAME OF DECEASED (Type or print) First: Arthur Middle: J. Last: Mayer		4. DATE OF DEATH Month: June Day: 5 Year: 1963	
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-28-1884
9. AGE (last birthday) 79		IF UNDER 1 YEAR: Months: 79 Days: 79 Hours: 79 Min: 79	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DISPATCHER (RETIRED)		10b. KIND OF BUSINESS OR INDUSTRY UNITED TV SERVICE	
11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Conrad Mayer		13b. MOTHER'S MAIDEN NAME Mary Ackermann	
14. NAME OF HUSBAND OR WIFE deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. INFORMANT Mr. Arthur A. Mayer, 1509 Salem Hills Dr.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral Bronchopneumonia-Hypostatic DUE TO (b) Chronic myocarditis DUE TO (c) Senility PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none		INTERVAL BETWEEN ONSET AND DEATH 3 days	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour: 2:15 a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	
20g. STATE		21. I attended the deceased from April 8 1963 to June 5, 1963 and last saw him alive on June 4, 1963 Death occurred at 2:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE B.R. Loving, M.D.		22b. ADDRESS Box 68 BALLWIN, Mo.	
22c. DATE SIGNED 6-6-63		23a. BURIAL, CREMATION, REMOVAL (Specify) burial	
23b. DATE 6-7-63		23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	
23d. LOCATION (City, town, or county) St. Louis Co. Missouri.		23e. STATE Missouri.	
24. FUNERAL DIRECTOR Math Hermann and Son, Inc. 2161 E. Fair Ave. St. Louis 7, Missouri.		25. DATE RECD. BY LOCAL REG. 6-6-63	
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.		27. DATE SIGNED 6-6-63	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Julius R. Brown

Licensed Embalmer No.

5146

P. O. Address

St Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.